

Mrs. Fred R. Harris
The Urban Coalition
1819 H Street, N. W.
Washington, D. C. 20006

Dear Mrs. Harris,

If I have not answered your letter of July 15th as early as I should have, the reason is mainly that I have found it difficult to formulate a sensible reply. I do not know what Whitney Young, Jr. is referring to when he alludes to "insulting and damaging reports on black people", so I am just ignorant of what this hassle is specifically about.

I do wonder whether invoking "racism as the number one public health problem" is particular helpful in trying to work out solutions. It may do good service as a slogan to help awaken many obtuse Americans about the pervasiveness of the racist system but we should not then deceive ourselves by our own slogans. One could after all argue rather cogently that number one health program is poverty, or ignorance, the indifference of Congress and the public, the arms race and the ABM, or man's original sin and his inherent viciousness. There is a sense in which these statements are all true. But I also think that to belabor this point is merely to get in the way of pragmatic efforts to find constructive solutions.

My own experience and special knowledge is so far removed from community medicine that I hesitate to push any particular patterns of action and I am sure that any positive ideas I might have already been worked over extensively by others. I may, however, be able to perform some critical function in reviewing the enthusiasms of others and if I can be helpful in that way, please call upon me. Furthermore, Dr. Count Gibson is shortly coming to Stanford to start our own academic programs in community medicine and I will consult with him and recommend that you do the same if you have not already done so.

Finally let me indicate that I believe that a great deal more research does still need to be done (regardless of Mr. Young's expostulations) before we can do a good and cost-effective job of community medicine. All the main points that must be gotten over is the need for commitment - no matter what we do to do it right will be quite expensive. There have, of course, been some excusable abuses but to lay the inflation of costs of care on the doctors and

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the drug manufacturers seems to me to miss the essential point and that is that a good medicine is going to require a considerably larger investment than Congress has so far been willing to make. I am very much concerned that getting the job done is going to be badly entangled with all kinds of ideological problems like community participation, but I suppose that is the fact of life today. Obviously, it is not going to be easy to make enormous advances in community medicine without at the same time coping with such problems as educational and job opportunity - if for no other reason than "can a honky really deliver good medicine to a black?" Obviously I am afraid that the unremitting emphasis on "racism as the problem" can only lead to a deepening polarization along these lines.

I believe that the most important step to good community medicine is the establishment of a right to health as a prerogative of citizenship and putting tax dollars behind the implementation of individual claims to that prerogative.

I am enclosing for your attention a copy of a memorandum that I had formerly sent to Mr. Gardner outlining certain research areas that deserve greater emphasis.

Sincerely yours,

Joshua Lederberg
Professor of Genetics

Enclosure
JL/rr

Research suggestions

A quick review of topical areas suggests some of the subjects that would be given much stronger emphasis for urban health purposes. They include

- (a) Safer and more generally acceptable methods of contraception
- (b) The evaluation of prenatal health and a better understanding of what optimal prenatal should consist of
- (c) The continued development of improved antibiotics that can properly be given on a mass distribution basis; and self-administered tests for antibiotic-sensitivity.
- (d) The same for vaccines
- (e) Improvements in techniques of laboratory diagnosis for mass survey purposes and for prompt mechanized examination of individual cases
- (f) A better understanding of nutritional needs in various circumstances of life, and methods of determining what the actual requirements are of people, especially infants, manifestly suffering from malnutrition.